

Exhibit 2



April 22, 2020

Eduardo Lopez
Smithfield Food
22123 Hwy 5
Milan, MO 63556

RE: OSHA Activity No. 1573635

Dear Eduardo Lopez

This letter is to follow up the conversation we had on April 22, 2020 in reference to the employee injury that occurred on 04/15/2020 at your worksite. As we discussed, there are some important steps you should be taking to ensure the safety of your workers and avoid the need for an OSHA inspection.

In most cases, a serious injury indicates the presence of workplace hazards that threaten the health and safety of other workers. OSHA is very concerned that additional employees at your worksite are at risk of being injured. As we discussed, it is in everyone's interest that you conduct a thorough investigation to determine the reasons for the work related incident, to identify hazards related to the incident and to implement corrective actions.

Please complete each of the following by April 29, 2020:

- Conduct an incident investigation. (See Non-Mandatory Investigative Tool – Attachment A)
- Provide OSHA with written, signed documentation of findings from the investigation.
- Provide OSHA with written, signed abatement certification documenting action taken to correct hazards related to the incident.
- Document findings and send corrective actions to (816) 483-9724 or oshakansascity@dol.gov
- Post a copy of this letter in a conspicuous place where all affected employees will have notice or near the location where the incident occurred.
- Fax or email a copy of the signed Certificate of Posting (Attachment B) to (816) 483-9724 or oshakansascity@dol.gov

If you have a problem meeting this deadline or have any further questions, please call me.

If we do not receive the investigation results, abatement verification and certificate of posting by April 29, 2020, your worksite may be considered for an on-site inspection.

The goal of your incident investigation will be to identify both the immediate and the underlying causes of the incident. To assist you in conducting an investigation, I have attached a guide for your use, to ensure your employees are protected from future injuries. Additional resources are available at OSHA's Safety and Health Topics website at

<https://www.osha.gov/dcsp/products/topics/incidentinvestigation/index.html> to assist you with conducting an Incident Investigation.

After correcting any immediate hazards, small and medium-sized businesses may be interested in requesting free, confidential assistance from the On-Site Consultation Program. Consultants from a state agency or university will work with you to identify workplace hazards, provide advice on compliance with OSHA standards, and assist you in establishing a safety and health management program. These services are separate from enforcement and do not result in penalties or citations. To find out more information about OSHA's On-Site Consultation Program, please visit the programs website at <https://www.osha.gov/dcsp/smallbusiness/consult.html> or call [State Consultation Office Contact Information] to reach your local On-Site Consultation office. Also, please find a copy of the OSHA pamphlet, "[FREE Safety and Health Consultation Services](#)" for your use in [English](#) or [Spanish](#).

Please note that it is against the law for employers to retaliate or discriminate in any way against an employee for raising safety and health issues or for exercising their rights under the OSHA law. This includes the right to report a work-related injury or illness to their employer, or to contact OSHA. More information about the Whistleblower Protection Program can be found at <http://www.whistleblowers.gov/>.

If you have any questions, please call me at (816) 483-9531 or email me at oshakansascity@dol.gov. Your support and interest in the safety and health of your employees is appreciated.

Sincerely,

Karena Lorek
Area Director

NON-MANDATORY INVESTIGATIVE TOOL

A. ESTABLISHMENT INFORMATION

- 1) Name of Investigator: _____
- 2) Job Title: _____
- 3) Name of Company _____
- 4) Address: _____
- 5) Contact Phone: _____
- 6) Fax _____
- 7) E-Mail _____
- 8) NAICS _____
- 9) How many Employees at: a) Work site _____ b) All Locations _____
- 10) Union : Yes _____ No _____
- 11) Union Name and Contact Info: _____

B. INJURED EMPLOYEE INFORMATION

- 1) Injured Employee Name: _____
- 2) Age: _____
- 3) Gender Male____ Female____

(For additional employees, use continuation section at end of form.)

- 4) Employee Typical Job Title: _____
- 5) Job at Time of Incident: _____
- 6) Type of Employment (check all that apply): Full Time Part Time Seasonal
Temporary Other: _____
- 7) Length of Employment with the Company: _____
- 8) Amount of time in current position at time of incident: _____
- 9) Nature of Injury: _____
- 10) Part of Body: _____

C. INCIDENT INVESTIGATION

- 1) Date and time of the incident: _____
- 2) Location of incident: _____

3) What was the employee doing just before the incident occurred? *Instructions: Describe the activity, including the tools, equipment, or material the employee was using. Be specific. Example: "climbing a ladder while carrying roofing materials" and "changing gasket on a chlorine line".*

4) What Happened? *Instructions: Provide a detailed description of the incident and how the injury occurred. Provide details such as measurements, sequence of events, equipment RPMs, trench dimensions, the type of vehicle(s) involved, discuss use of hazard controls such as guards or PPE. Examples: "bucket of chemical X spilled on the floor", "ladder slipped on wet floor", "worker fell 20ft.", "employee was sprayed with chlorine when gasket broke during replacement" and "employee was not wearing PPE".*

5) What was the injury or illness? *Instructions: Describe the part of the body that was affected and how it was affected. Be more specific than "hurt", "painful" or "sore". Examples: "fractured vertebrae" and "chemical burn to the hand".*

6) What object or substance directly harmed the employee? *Instructions: Provide the type, brand, size, distinguishing features, condition, or specific part that harmed the employee. Example: "band saw blade".*

D. WHAT CAUSED OR ALLOWED THIS INCIDENT TO HAPPEN?

Instructions: What were the underlying reasons the incident occurred – and are the factors that need to be addressed to prevent future incidents? If safety procedures were not being followed, why were they not being followed? If a machine was faulty or a safety device failed, why did it fail? It is common to find factors that contributed to the incident in several of these areas: equipment/machinery, tools, procedures and policies, training or lack of training, work environment. If you identify these factors, try to determine why these factors were not addressed before the incident.

E. CORRECTIVE ACTIONS TAKEN TO PREVENT FUTURE INCIDENTS

1) Hazardous condition(s) identified and corrective action taken by employer. *Instructions: Describe the immediate measures taken, interim and/or long-term actions necessary to correct hazardous condition(s). Also, use this section to track the completion of multi-step corrective actions as well as final corrective actions used to abate the hazardous condition.*

2) Additional notes and comments *Instructions: Provide additional comments, including statements from eye-witnesses and injured employee(s).*

3) Date Hazardous Condition was Abated: _____

F. Employer Name: _____

Employer Signature: _____ **Date:** _____

This Constitutes my Electronic Signature **Date:** _____
(If this box is checked, this submission shall be considered as an authorized written signature.)

NOTE:

This investigation tool is provided to assist employers in finding the cause of incidents and to prevent similar incidents in the future. It contains criteria that may be used to evaluate the capabilities of current safety practice(s). The employer is encouraged to use this document or other equivalent form, as a means for abatement verification and submit their corrective actions in Section E and sign Section F. This is a **non-mandatory** tool.

Additional resources are available at:

OSHA's website, "www.osha.gov".

OSHA's Safety and Health Topics Page, "Incident Investigation".

OSHA Guidance Document, "Incident [Accident] Investigations: A Guide for Employers".

National Safety Council, "How to Conduct an Incident Investigation".

OSHA's On-site Consultation Program (Free Service):

https://www.osha.gov/dcsp/smallbusiness/consult_directory_text.html

“Attachment B”

**CERTIFICATION
OF POSTING OSHA NOTIFICATION
OF EMPLOYER REPORTED INCIDENT**

Activity No.: **1573635**

Date of Posting: _____

**Date Copy Given to
an Employee Representative:** _____

On behalf of the employer, I certify that a copy of the letter received from the Occupational Safety and Health Administration (OSHA) concerning the workplace injury that occurred on 04/15/2020 has been posted in a conspicuous place where all affected employees will have notice or near such location where the incident occurred, and a copy of the letter has been given to each authorized representative of affected employees, if any. The letter was or will be posted for a minimum of ten (10) working days or until any hazardous condition(s) are corrected.

Signature

Title

Employer/Establishment name

U.S. Department of Labor

Occupational Safety and Health Administration
Kansas City Area Office
2300 Main Street, Suite 168
Kansas City, MO 64108
Phone: (816) 483-9531 Fax: (816) 483-9724
<http://www.osha.gov>



April 22, 2020

Eduardo Lopez
Smithfield Food
22123 Hwy 5
Milan, MO 63556
UPA # **1573635**

Dear Mr. Lopez:

In addition to the information already requested as part of the OSHA Complaint please also provide the below list answers and documents to complete our investigation:

1. Tax I.D. number for the Facility.
2. Has your facility had any employees who were suspected or confirmed to have COVID-19 in the last month?
3. Are your employees required to work with, or around, suspect or confirmed COVID-19 employees? If so, when and in what capacity?
4. Has your facility had any visitors, clients or customers who were suspected or confirmed to have COVID-19 in the last month?
5. Are employees required to work with, or around, suspect or confirmed COVID-19 visitors, clients or customers? If so, when and in what capacity?
6. Did the facility perform a risk assessment regarding COVID-19 exposure of its employees? If so attach or describe.
7. Was this risk assessment shared with the employees? If so any records?
8. Was the risk assessment implemented? Describe how.
9. What guidance did the facility utilize to protect employees against potential COVID-19 exposure?
10. Were there any engineering controls in place regarding COVID-19 exposure? Please describe.
11. Were there any administrative controls in place regarding COVID-19 exposure? Please describe.
12. What PPE is provided for employees in relation to COVID-19 exposure?

13. What PPE is actually used by employees exposed to COVID-19? Describe PPE and what activities/ procedures it is used for.
14. Provide a copy of any written work rules, policies and procedures related to employees' activities as they relate to COVID-19 exposure. If no written policies, then describe verbal policies, if any.
15. Were employees trained in these procedures?
16. Provide the sanitation schedule and description for the facility as it relates to COVID-19.
17. Provide a copy of Safety Data Sheets (SDS's) for any cleaning/ sanitizing chemicals utilized.
18. Has there been any change in workplace procedures, controls, PPE selection/ use/ maintenance or training since the incident? If so, what are they?
19. What are the nationalities of affected workers?
20. Do you have a union? If yes please provide all contact information.
21. What is the number of confirmed cases? What are the # of suspected unconfirmed cases?

We request that you provide these documents electronically to our office by end of business day [DATE]. Please contact Compliance Safety and Health Officer [CSHO NAME AND E-MAIL ADDRESS] if you have any questions.

Sincerely,

Area Director

Karena Lorek
Area Director